

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001442

1. Entity Name

KOSCO E & M, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90090 050 ***150.00

Principal Place of Business

Mailing Address

12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161

12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161-4709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0831815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK, YONG SE
12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161

Name

PARK, YUNG SE

Street Address (P.O. Box Number is Not Acceptable)

Please correct
just name

Code

8. The above named entity submits this statement for the purpose of changing its registered c

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Ag

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS
After MAY 1, 2000 Fee will
Make Check Payable to Depa

"YONG -> YUNG"

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
PARK, YONG SE
12580 N.E. 6TH AVE.
NORTH MIAMI FL 33161
"YUNG" ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00

305-479-6163

CR2E034 (9/99)